

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6/5/03.

I. DISPUTE

Whether there should be additional reimbursement for treatment/services from dates of service (DOS) 6/26/02 through 10/1/02. The CPT codes included in these (DOS) were 99213-52, 99212-52, 95851, 97260, 97265, 97250, 97150, 97750-MT and 97110. The EOB's presented by the requestor indicated the treatment/services were denied by the 'F-Fee Guideline.'

The respondent included in their response, EOB's from another date of injury (3/7/02) on this claimant that the doctor was concurrently treating.

II. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
6/26/02	95851	\$40.00	\$0.00	F	\$36.00	MFG-MGR (I)(A)(8) MAR descriptor	Report substantiates ROM OF left knee was completed by the doctor. Reimbursement recommended. Amount due: \$36.00
6/27/02	99213-52	\$25.00	\$0.00	F	\$24.00 (52 modifier)	MFG-E&M MFG -GI Modifier-52	SOAP notes support delivery of services, reimbursement recommended. Amount due: \$24.00
7/26/02	97250 97265	\$43.00 \$43.00	\$0.00 \$0.00	F	\$43.00 \$43.00	MFG-MGR (I)(C)(3)	SOAP notes support delivery of services, reimbursement recommended. Amount due: \$86.00
8/2/02	97250 97265	\$43.00 \$43.00	\$0.00 \$0.00	F	\$43.00 \$43.00	MFG-MGR (I)(C)(3)	SOAP notes support delivery of services, reimbursement recommended. Amount due: \$86.00
8/5/02	97150 97250 97265	\$27.00 \$43.00 \$43.00	\$0.00 \$0.00 \$0.00	F	\$27.00 \$43.00 \$43.00	MFG-MGR (I)(C)(3)	SOAP notes support delivery of services, reimbursement recommended. Amount due: \$113.00
8/7/02	97150 97250 97265	\$27.00 \$43.00 \$43.00	\$0.00 \$0.00 \$0.00	F	\$27.00 \$43.00 \$43.00	MFG-MGR (I)(C)(3)	SOAP notes support delivery of services, reimbursement recommended. Amount due: \$113.00
8/9/02	97750-MT (3)	\$129.00	\$43.00	F	\$43.00	MFG-MGR (I)(D)(1) (I)(E)(3)	MFG, MGR (I)(E)(3) states "Muscle testing shall be reimbursed per body area (see section (1)(D)(1))." The EOB reflects a diagnosis code to knee only. Reimbursement was received for one MT. Additional reimbursement, not recommended.
9/13/02	99212-52	\$17.50	\$0.00	F	\$16.00	MFG-E&M	SOAP notes support delivery of

	97150	\$27.00	\$0.00		(52 modifier) \$27.00	MFG -GI Modifier-52 MFG-MGR (I)(A)(9)(b) (I)(C)(3)	services, reimbursement recommended. Amount due: \$43.00 (97110 see *Rational below)
	97110 x 3 units	\$105.00	\$0.00		\$35.00 ea. unit		
9/16/02	99213-52	\$25.00	\$0.00	F	\$24.00	MFG-E&M MFG -GI Modifier-52 MFG-MGR (I)(A)(9)(b)	SOAP notes support delivery of services, reimbursement recommended. Amount due: \$24.00 (97110 see *Rational below).
	97110 x 8 units	\$280.00	\$0.00		\$35.00 ea. unit		
9/18/02	99213-52	\$25.00	\$0.00	F	\$24.00	MFG-E&M MFG -GI Modifier-52 MFG-MGR (I)(A)(9)(b) (I)(C)(3)	SOAP notes support delivery of services, reimbursement recommended. Amount due: \$67.00 (97110 - see *Rational below)
	97110 x 3 units	\$105.00	\$0.00		\$35.00 ea. unit		
	97250	\$43.00	\$0.00		\$43.00		
9/20/02	99213-52	\$25.00	\$0.00	F	\$24.00	MFG-E&M MFG -GI Modifier-52	SOAP notes support delivery of services, reimbursement recommended. Amount due: \$137.00 (97110 -see *Rational below)
	97150	\$27.00	\$0.00		\$27.00	MFG-MGR (I)(C)(3) (I)(A)(9)(b)	
	97110 x 2 units	\$70.00	\$0.00		\$35.00 ea. unit		
	97250	\$43.00	\$0.00		\$43.00		
	97265	\$43.00	\$0.00		\$43.00		
9/25/02	97150	\$27.00	\$0.00	F	\$27.00	MFG-MGR (I)(C)(3) (I)(A)(9)(b)	SOAP notes support delivery of services, reimbursement recommended. Amount due: \$113.00 (97110 - see *Rational below)
	97110 x 2 units	\$70.00	\$0.00		\$35.00 ea. unit		
	97250	\$43.00	\$0.00		\$43.00		
	97265	\$43.00	\$0.00		\$43.00		
10/1/02	95851	\$40.00	\$0.00	F	\$36.00	MFG-MGR (I)(A)(8) MAR descriptor	Report substantiates ROM of the left knee was completed by the doctor. Reimbursement recommended. Amount due: \$36.00
TOTAL		\$1,650.50	\$43.00				The requestor is entitled to reimbursement of \$878.00.

* Rational for CPT code 97110

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution (MRD) section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light of all the Commission requirements for proper documentation. The MRD declines to order payment because: the requestor did not document that the injury was severe enough to warrant one-to-one therapy, each activity and the duration of each was not identified, nor did the requestor document the procedure was done in a one-to-one setting. Reimbursement not recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) 99213-52, 99212-52, 95851, 97260, 97265, 97250, 97150, 97750-MT and 97110. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$878.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 03rd day of February 2004.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/cl